

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43609

State File No. _____

FILED JAN 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2041</u>		Registrar's No. <u>5-98</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u>		b. (Middle) _____		c. (Last) <u>Randall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 4, 1901</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roofing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roofing</u>		11. BIRTHPLACE (State or foreign country) <u>Granby, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>UNKNOWN</u>			
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				15. NAME OF HUSBAND OR WIFE <u>Lois Randall</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				17. SOCIAL SECURITY NO. _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries multiple in nature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compound fracture knee</u> DUE TO (c) <u>2. Fracture lower frontal lobe</u> <u>3. Compound fract. upper & middle third leg</u> <u>4. Fract. upper 2nd right rib</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION (REPORTS OF ST. JOHNS HOSPITAL) 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MAIN ST. JOPLIN MO.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN</u> <u>JASPER</u> <u>MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-27-50</u> <u>7:00 pm.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>STRUCK BY CAR WHILE CROSSING MAIN AT 21ST ST. JOPLIN MO.</u>					
22. I hereby certify that I attended the deceased from <u>(DID NOT ATTEND)</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:50 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter M. Connor, Joplin County, Missouri</u>				23b. ADDRESS <u>Joplin, Missouri</u>		23c. DATE SIGNED <u>1-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Granby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-16-51</u>		REGISTRAR'S SIGNATURE <u>By Walter M. Connor</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Hunsaker Mortuary Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED: 1-22-51
Taspen County Health Office

County File Number 50-12-1003

Date Filed 1-22-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.